

Fairbanks Community Mental Health Center  
Denali Commissions Close-out Report

**Background: (as cited in the application)**

Fairbanks Community Mental Health Center (FCMHC) is the only designated comprehensive community mental health center in the Interior of Alaska. The State of Alaska Division of Behavioral Health (DBH) regulates and articulates the organization's service priorities through grant funding protocols and Medicaid billing stipulations. Target populations include: Seriously Mentally Ill Adults (SMI); Severely Emotionally Disturbed Children (SED); and those individuals suffering from psychiatric crisis, including those in danger of harming themselves or others. FCMHC is also the court-designated Title 47 (psychiatric commitment) evaluation contractor for the Fairbanks region. In FY 03 the agency treated 246 SMI adults, 295 SED children and responded to 7,986 emergency contacts.

The mission, values and goals of FCMHC were realigned in FY 03 to reflect the region's need to serve a growing co-occurring population whose primary or secondary diagnosis includes substance abuse. It is estimated that approximately 75% of our target population needs integrated mental health and substance abuse treatment. A behavioral health care model was started over 10 years ago with the inclusion of substance abuse treatment groups. In FY 00 an eight-bed co-occurring residential treatment program was added. Referrals for treatment including psychiatric, residential and vocational training often come from rural Interior Alaska. It is estimated that 67% of the agency's target population is referred from outside the urban Fairbanks area. It is also estimated that 30% of SMI adults served are Native Alaskans and 40% of SED children are Native referrals.

This project expands the integration of primary care and behavioral health care by providing additional space to jointly serve the behavioral health needs of our health care partners in the Fairbanks region. The agency currently "shares" patients with Fairbanks Memorial Hospital, Interior Community Health Clinic, Chief Andrew Isaac Health Center, Polar Wind Health Clinic, Tanana Valley Clinic, Fairbanks Psychiatric and Neurological Clinic, and a number of private physicians. Referrals also come from local school nurses, Fairbanks Correctional Facility, Alaska Psychiatric Institute, and Fairbanks Native Association. Limitations on integration have only been hampered by lack of space and wait lists for services.

Integration of mental health and substance abuse services is a priority for FCMHC and again is only limited by current inadequate facility barriers. One primary impediment to integrated services is the current separation of children and adult services which are located across town from each other. The agency has initiated a new Family Services Model for integrated treatment but cannot utilize existing resources adequately due to the separation of child and adult service providers in the current "scattered" configuration. Consolidation of services is vital to a family integrated approach. Access to children's services is also limited by the existing facilities ADA physical plant barriers (12 sets of stairs).

The following components of this project will expand or improve health care access by:



- *Removing* ADA physical barriers to Children's Services
- *Increasing* service capacity by approximately 80%
- *Offering* new health care work force training programs
- *Expanding* testing and screening options to local providers
- *Eliminating* wait lists for services
- *Reducing* duplication of resources in separate sites
- *Creating* an integrated Behavioral Health Care facility with single point triage for mental health and substance abuse screening
- *Increasing* service referral and partnership options with primary care providers
- *Expanding* service hours to include evenings and weekends (current rental space is inaccessible after 6 PM and on weekends)

This request for supplemental information has contained most of the "before and after" information for the proposal, but this outline will highlight the differences.

#### Before New Facility Completion

ADA Physical barriers to Children's Services  
 No after hours scheduled services  
 Wait lists for outpatient, medical & testing services  
 Children and adults served in separate locations  
 Duplicated administrative services, equipment & travel time  
 High monthly rental expenses increasing annually  
  
 No space to expand programs or enhance/diversify revenue  
 No meeting or conference space at either facility  
  
 Lack of adequate parking for staff or consumers  
  
 Lack of security and safety in old facilities – for consumers, staff and records

#### After New Facility Completion

No barriers  
 Hours dependent on consumer needs  
 Elimination of wait lists  
 Families served together in one location  
 Consolidated services, equipment & travel time reduced/eliminated  
 Mortgage payments; opportunity to reduce expenses  
 Expanded/improved services  
 Space available to hold groups, meetings & reduction of fees for renting spaces  
 Lowered stress and reduction through adequate parking space & ADA parking  
 Designed with safety and security built into plans

#### ACTIVITIES:

Over the Course of the past year FCMHA in conjunction with Jantz and Associates worked closely with Wolverine Construction Company to build and occupy the new state of the art 35,000 square foot Behavioral Health Center for the Interior region of our State. Ground breaking took place in March of 2006 with the laying of the foundation and associated work. Framing for the facility was completed by the end of July 2006. The project met every milestone established by the contractor and the architect. On December 15 2006 our Executive Director accepted the structure as being substantially complete. The agency took the first week of February to move into the new facility and was open for business on 13 February 2006 .

**Cost Containment (applies to capital projects only):**

Construction change orders on this project were held to less than 1% of the project, well below the industry standard and the contingency funds allowed by this agency. During a time of record growth in the Fairbanks community FCMHC was able to build its new facility for less than \$165 dollars per square foot. The cost for this project was originally estimated at \$8,323,000 (including land) and the final cost was only \$7,500,000 (including land). Change orders for this project were limited to 3% of the total cost of the project.

**Project: Outcomes:**

The completion of this project has resolved the access to healthcare issues listed in the "before and after" information (page 4). The potential now exists for planned expansion of services and increased Community training opportunities.

Unexpected benefits include heightened awareness of healthcare services available to the community. Approximately 400 people attended the open house and it appears that the community has been watching the project evolve. This construction project has actually brought together a diversified population in the 5 year process. They are, by anecdotal accounts, excited about the future plans and look forward to working together and sharing resources.

**Problems Encountered:**

There were no problems encountered during this project. The construction firm, Wolverine Supply, was professional and their meticulous attention to detail insured that the product was delivered on time and on budget without any complications. Working with the staff at the Denali Commission was simple and painless. Though it is hard to believe that a project of this size encountered no issues, the bottom line is that it was a model for how the system works.

**Conclusion and Recommendations:**

A project of the magnitude requires the efforts of many individuals over a long period of time (3-5 years). Tenacity and commitment are imperative for success. The financial assistance by the Denali Commission was vital for the construction of the building and the technical assistance provided in the business plan process was a guiding force.

Bringing a project to successful completion is dependent on good solid planning and the ability to form professional relationships with funders, the community and the project leaders. This was a very satisfying experience and we appreciate the spirit and professionalism of the Denali Commission's dedicated staff.